



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                                      |                                                                     |                        |                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------|---------------------------------------------------------------------|------------------------|-------------------|
| 1. Corporate ID No.<br>000143378                                                                                                                           |             | 2. Name of Corporation<br>Lin R. Rogers Electrical Contractors, Inc. |                                                                     |                        |                   |
| 3. Street Address Principal Business Office<br>2050 Marconi Dr. Suite 200                                                                                  |             |                                                                      | City<br>Alpharetta                                                  | State<br>GA            | Zip<br>30005      |
| 4. Business Phone No.<br>770-772-3400                                                                                                                      |             | 5. State of Incorporation<br>Georgia                                 |                                                                     |                        |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Electrical Contractor                                                       |             |                                                                      |                                                                     |                        |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                                      |                                                                     |                        |                   |
| President Name<br>Lin R. Rogers                                                                                                                            |             |                                                                      | Vice President Name<br>Michael R. Finnell                           |                        |                   |
| Street Address<br>2050 Marconi Dr. Suite 200                                                                                                               |             |                                                                      | Street Address<br>2050 Marconi Dr. Suite 200                        |                        |                   |
| City<br>Alpharetta                                                                                                                                         | State<br>GA | Zip<br>30005                                                         | City<br>Alpharetta                                                  | State<br>GA            | Zip<br>30005      |
| Secretary Name<br>Kenneth F. Webb                                                                                                                          |             |                                                                      | Treasurer Name<br>Kenneth F. Webb                                   |                        |                   |
| Street Address<br>2050 Marconi Dr. Suite 200                                                                                                               |             |                                                                      | Street Address<br>2050 Marconi Dr. Suite 200                        |                        |                   |
| City<br>Alpharetta                                                                                                                                         | State<br>GA | Zip<br>30005                                                         | City<br>Alpharetta                                                  | State<br>GA            | Zip<br>30005      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                                      |                                                                     |                        |                   |
| Director Name<br>Lin R. Rogers                                                                                                                             |             |                                                                      | Director Name                                                       |                        |                   |
| Street Address<br>2050 Marconi Dr. Suite 200                                                                                                               |             |                                                                      | Street Address                                                      |                        |                   |
| City<br>Alpharetta                                                                                                                                         | State<br>GA | Zip<br>30005                                                         | City                                                                | State                  | Zip               |
| Director Name                                                                                                                                              |             |                                                                      | Director Name                                                       |                        |                   |
| Street Address                                                                                                                                             |             |                                                                      | Street Address                                                      |                        |                   |
| City                                                                                                                                                       | State       | Zip                                                                  | City                                                                | State                  | Zip               |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                                      | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                   |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |             |                                                                      | ISSUED SHARES -- THIS SECTION <u>MUST</u> BE COMPLETED              |                        |                   |
|                                                                                                                                                            |             |                                                                      | Number of Shares<br>100,000.00                                      | Class/Series<br>Common | Par Value<br>1.00 |
|                                                                                                                                                            |             |                                                                      |                                                                     |                        |                   |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

|                                 |                 |
|---------------------------------|-----------------|
| FILED                           |                 |
| File Date                       | AUG 25 2009     |
| Check No.                       |                 |
| By:                             | By 097363 10:19 |
| FOR SECRETARY OF STATE USE ONLY |                 |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Lin R. Rogers Date 8/24/09  
Print or Type Name  
President  
Title